

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000395466

Entity Name: BEARD AFFILIATED LLC**Current Principal Place of Business:**911 W BRANDON BLVD
BRANDON, FL 33511**Current Mailing Address:**PO BOX 891141
TAMPA, FL 33689**FEI Number:** 85-4337310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, NATALIE C
911 W BRANDON BLVD
BRANDON, FL 33511 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AP
Name	MONNIE, GREGORY A JR
Address	2510 BROWN NODDY LN #309
City-State-Zip:	TAMPA FL 33619

Title	AP
Name	MONNIE, GIOVANNI J
Address	2510 BROWN NODDY LN #309
City-State-Zip:	TAMPA FL 33619

Title	AP
Name	MONNIE, GRESHONE T
Address	2510 BROWN NODDY LN #309
City-State-Zip:	TAMPA FL 33619

Title	CEO
Name	WILLIAMS, NATALIE CLEO
Address	PO BOX 891141
City-State-Zip:	TAMPA FL 33689

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE CLEO WILLIAMS**OWNER****09/12/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date